

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

LADDY CURTIS VALENTINE and §
RICHARD ELVIN KING, individually and §
on behalf of those similarly situated, §
Plaintiffs, §

V.

**BRYAN COLLIER, in his official capacity, §
ROBERT HERRERA, in his official capacity, §
and TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE, §
Defendants. §**

Civil Action No. 4:20-cv-01115

**DEFENDANTS' RESPONSE IN OPPOSITION TO PLAINTIFFS' APPLICATION FOR A
TEMPORARY RESTRAINING ORDER**

EXHIBIT C

ATTACHMENT A

C M H C INFECTION CONTROL MANUAL	Effective Date: 3/20/2020	NUMBER: B-14.52 Page <u>1</u> of <u>9</u>
	Replaces: New	
	Formulated: 3/20/2020	
Coronavirus Disease 2019 (COVID-19)		

POLICY:

To outline management and control measures for facilities to follow in response to the spread of COVID-19.

OVERVIEW:**What is Coronavirus disease 2019 (COVID-19)?**

COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

What are the symptoms of COVID-19?

Symptoms commonly associated with COVID-19 include fever, cough, and shortness of breath. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse. People 65 years or older, and/or people with medical issues, like heart disease, diabetes, high blood pressure, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID-19. Complications include pneumonia, acute respiratory distress syndrome (i.e. ARDS) and even death.

How is COVID-19 transmitted?

The virus is known to spread person to person when there is close contact (approximately 6 feet) through respiratory droplets that are produced when an infected person coughs or sneezes. It is also believed that a person can become infected with COVID-19 by touching a contaminated surface or object that has the virus on it and then touching their own nose, eyes or mouth.

DEFINITIONS:

Medical Isolation – Isolation is for persons who are **sick and contagious**. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of disease.

Medical Restriction – Medical restrictions used to separate and restrict the movement of **well** persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

An **N95 respirator** is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

PROCEDURES:

I. INFECTION CONTROL

- A. During the COVID-19 outbreak, **all** units should:
 1. Medical staff should educate offenders and staff on how COVID-19 is transmitted, signs and symptoms of COVID-19, treatment, and prevention of transmission (Attachment A).
 2. Remind staff and offenders on the methods used to prevent the spread of any respiratory virus.
 - a. Encourage handwashing with soap and water for at least 20 seconds (Attachment B). If soap and water is unavailable, hand sanitizer (at least 60% alcohol) may be used to cleanse hands.
 - b. Encourage cough etiquette (Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Otherwise, cough inside of your elbow. Attachment C).
 - c. Avoid touching eyes, nose, and mouth with unwashed hands.
 - d. Avoid close contact (< 6 feet) with people who are sick or suspected of being sick.
 - e. Stop handshakes.
 3. Practice social distancing and avoid gatherings and meetings. Meet by teleconference or videoconference when feasible.
 4. Disinfect common areas and surfaces that are often touched with a 10% bleach solution. The bleach solution should be sprayed on and allowed to air dry for at least 10 minutes. Cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning). The formula for the 10% bleach solution is:
 - a. 8 oz. of powdered bleach to 1 gallon of water
 - b. 12.8 oz. of liquid bleach to 1 gallon of water
 5. Cancel all group healthcare activities (e.g., group therapy) coordinate with unit warden and recommend temporarily canceling other group activities such as church and school.
 6. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, cough etiquette, and symptoms of COVID-19.
 7. Post a sign at the entrance, so that high risk people can elect not to enter the unit if COVID-19 occurs (Attachment D).
- B. Evaluate the need to minimize offender movement:
 1. Offenders stay in housing areas.
 2. Offenders may use dayrooms in housing areas.
 3. Offenders may go to the dining hall, work, commissary, recreation, etc., if they do not mingle with offenders from other housing areas during the process. They must be escorted when leaving the housing area.

4. Contact visitation is suspended.
 5. Minimize transfer of offenders between units
 6. Advise unit food captains to eliminate self-serve foods in chow halls.
- C. Influenza vaccination: During influenza season, vaccination against influenza is an important measure to prevent an illness that presents similarly to COVID-19. If there is influenza vaccine available; offer it to unvaccinated staff and offenders.
- D. Evaluate the need to limit entrance to essential staff only. If possible, staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security and services.
- E. Incorporate questions about new onset of COVID-19 symptoms into assessments of all patients seen by medical staff.
- F. Offenders complaining of symptoms consistent with COVID-19 should be triaged as soon as possible. (Attachment E)
1. Ensure facemasks are available at triage for patients presenting with COVID-19 symptoms.
 2. If possible, symptomatic patients should be kept > 6 feet apart from asymptomatic patients.
- G. Offenders with suspected or confirmed COVID-19 as determined by medical should be placed in medical isolation.
1. Offenders should be single-celled (isolated) or cohorted (i.e., co-housed) with other offenders with COVID-19 if they cannot be single celled.
 2. Offenders must wear a surgical mask whenever they leave their isolation cell/housing area.
 3. Offenders should remain in isolation for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 4. Offenders should **NOT** be transported on a chain bus or MPV except for medical emergencies.
- H. Medical isolation
1. Isolation is for offenders with clinically diagnosed COVID-19 who are potentially infectious.
 2. Isolated offender must be under droplet and contact isolation precautions.
 3. Offenders under isolation must wear a surgical mask if they are required to leave the isolation area.
 4. Isolated offenders must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case, must be observed at least once per day.
 5. Isolated offenders may be cohorted (housed together). Each offender's isolation period is independent, so an offender may be released from the isolation area even if other offenders in the area are still under isolation.
 6. Offenders should be isolated for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing

- medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 7. Offenders in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
 8. Laundry items from isolation areas must be handled as contaminated laundry.
 9. Staff (correctional and medical) entering an isolation housing area must wear a facemask and gloves. Gowns and/or face protection should be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.
- I. All newly arriving offenders including extraditions and those returning from bench warrant or reprieve into TDCJ, including private facilities or intermediate sanction facilities, must be screened by medical staff for symptoms consistent with COVID-19 infection (Attachment F).
1. Offenders with positive screening findings will be referred to a provider for further evaluation.
 2. Offenders who are medically cleared upon provider evaluation will be released to continue the intake process.
 3. Offenders who have been exposed to COVID-19 but who are not yet ill, will be placed under medical restriction for a minimum of 7 days.
 4. Offenders with clinically diagnosed or suspected COVID-19 shall immediately have a face mask placed. The offender should be instructed to wash his or her hands. The offender will be isolated under droplet and contact isolation precautions for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 5. Medical staff will notify the TDCJ intake security supervisor of all offenders placed under medical restriction or isolation, who will then notify the facility Warden and Classification Department.
 6. TDCJ leadership, in coordination with the medical department, will identify an appropriate housing area to assign/cohort all offenders placed on medical restriction and/or isolation.
- J. Medical restriction
1. All staff working in medically restricted areas and offenders who are placed in medical restriction, will be educated about early recognition of warning signs and rapid triage of symptomatic patients.
 2. Contacts of suspected or confirmed cases should be kept under medical restriction (i.e., quarantine) as a cohort until 7 days after the last exposure to a case for everybody in the cohort. If this is not possible, contacts should have their temperature taken and be questioned about symptoms daily. Every effort should be taken to use medical restriction.
 3. Offenders on medical restriction do not have to wear a mask unless they must leave their housing area for some reason. They should be questioned about symptoms of COVID-19 before being taken from the housing area and be kept at least 6 feet from offenders from other housing areas as much as possible.
 4. Medically restricted offenders may attend outdoor recreation and shower **as a group. They may attend chow hall as a group** if the facility

- determines it is necessary, but high hand contact areas, benches and tables in the chow hall should be disinfected afterward.
5. Medically restricted offenders may work if their job is essential and they will not mingle with non-medically restricted offenders while working or getting to or from the job location and must be screened for symptoms of COVID-19 at each turnout.
 6. Offenders under medical restriction must be observed at least once per day for the presence of fever or new cough.
 - a. If an offender becomes ill, they must be evaluated by medical staff as soon as practical.
 - b. If the offender is coughing, they should be made to wear a surgical and be kept at least 6 feet from other offenders and staff until they are evaluated by medical.
 - c. If medical determines the ill offender has COVID-19, the offender must be placed in isolation and the other offenders must remain under medical restriction for another 7 days.
- K. Units with offenders with COVID-19 should
1. Institute droplet and contact precautions for offenders with COVID-19.
 2. Ensure that sick offenders do not expose other offenders without COVID-19 while in waiting rooms (consider setting up a separate waiting area for offenders with COVID-19). At a minimum, ensure that offenders with COVID-19 wear surgical masks or sit at least 6 feet from other offenders while waiting to be seen by medical.
 3. Implement daily active surveillance for symptoms of COVID-19 among all offenders and health care personnel until at least 1 week after the last confirmed case occurred.
- L. Ill staff
1. Employees who are sick should stay home and should not report to work.
 2. If employees become sick at work, they should promptly report this to their supervisor and go home.
 3. In general, the timetable for returning to work is 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). Staff should refer to their respective employer's specific procedure for obtaining clearance to return to work.
- M. Security staff will screen all individuals entering the unit.
1. Before individuals enter a TDCJ location, they will have their temperature taken and if a fever is present, the screening form will be completed (Attachment G).
 2. If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work.
 3. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.
 4. If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Notification must also be made to the TDCJ Office of Emergency Management and the TDCJ Deputy Director of

Health Services.

N. Transportation

1. In general, offender transportation must be curtailed, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
2. When offenders are transported during these conditions, they must be seated at least 3 feet apart.
3. An offender who is coughing or who is in isolation for COVID-19 must wear a surgical mask during movement from isolation to transport and from the transport to his destination at the receiving facility. These offenders must be transported by ambulance or van. Multiple offenders who are under COVID-19 isolation may be transported in the same vehicle, but no non-isolated offenders (including offenders under medical restriction) may travel with them. Staff must wear facemasks during transport, unless the offender area has separate ventilation from the staff area.
4. After all offenders have disembarked from the transport vehicle, the seats and hand contact areas such as handrails must be cleaned and disinfected.

II. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- A. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used when handwashing is unavailable.
- B. Offenders who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access to the waterless hand rub but must wash hands with soap and water instead.
- C. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.
- D. Medical and Security Staff should wear surgical masks if their responsibilities require them to remain less than 6 feet from a symptomatic individual or patient suspected with suspected COVID-19.
- E. Mask, gloves, gowns, and eye protection (face shield or goggles) should be worn when examining or providing direct care to offenders with suspected or known COVID-19.
- F. Unless contact offender searches on general population would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate.
- G. Gloves may be worn for contact offender searches of medically restricted offenders. Gloves must be worn and changed between each search for contact searches on isolated offenders.

PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19			
Setting	Rooming Procedure	Staff PPE	Symptomatic Offender Requirement
Clinic	Normal	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) 	Surgical facemask
Infirmery	Normal	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) 	Surgical facemask
Isolation Unit	Normal	<ul style="list-style-type: none"> Gloves Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	Surgical Facemask
Transport Van	Normal	<ul style="list-style-type: none"> Gloves Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	<ul style="list-style-type: none"> Surgical facemask Not transported on a chain bus or MPV except for medical emergencies
Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation)	Negative Pressure Room	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Fit-tested N-95 respirator 	Surgical facemask

III. DIAGNOSTIC TESTING

- A. Health care providers must contact the TDCJ Office of Public Health if they feel testing should be considered. The TDCJ Office of Public Health will determine if patients meet the criteria for testing.
- B. Diagnostic testing should be prioritized based on clinical features and epidemiologic risk.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of

		symptom onset OR An individual(s) with risk factors that put them at higher risk of poor outcomes
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified

1. Fever may be subjective or confirmed

2. Adapted Texas DSHS guide to testing

- C. Instructions for ordering and specimen collection must be followed (Attachment H).

IV. REPORTING

- A. Daily reporting of COVID-19 to the TDCJ Office of Public Health (Public.Health@tdcj.state.tx.us or 936-437-3572) is required.
- B. Each unit must report a report (Attachment I).
1. The daily COVID-19 log should be sent by 9:00 AM. The list is only for the 24-hour period ending at 6AM that morning. Units may submit logs over the weekend or may submit three logs on Monday morning.
 2. Reporting should continue until 2 weeks has lapsed since the last case.
 3. In addition to identifying the submitting unit, the log should give totals for number of offenders and staff with suspected or confirmed COVID-19 and provide detailed information on offenders for whom specimens were submitted.
 4. The subject line of the email should include, “[Unit] Name, COVID-19 Log, and the Date Sent (MM /DD /YYYY).”

V. CLINICAL MANAGEMENT

- A. Record proper diagnosis in the electronic health record for suspected COVID-19.
- B. There is no approved vaccine for COVID-19.
- C. There are currently no antiviral drugs licensed by the FDA to treat COVID-19.
- D. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19.
- E. Most cases of COVID-19 only require usual supportive care with fluids, analgesics and rest. Acetaminophen (i.e. Tylenol) is the preferred antipyretic for treating fever in non-allergic COVID-19 patients considering its efficacy and safety. Ibuprofen may be considered. However, remember its potential for renal (i.e. kidney) adverse effects. Recent reports suggest Ibuprofen may worsen the course of COVID-19. However, this is still theoretical and under investigation. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).
- F. Signs suggesting the need for a higher level of care include, but are not limited

to, difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.

- G. Clinical management for more severe cases is focused on supportive care of complications, including advanced organ support for respiratory failure.
- H. Offenders who are suspected of having COVID-19 must be placed in medical isolation. Laboratory proof is not required for isolation. The diagnosis of COVID-19 should be made on a clinical basis and testing performed only as outlined above.
- I. Adherence to strict infection control measures must always be observed. Cases in an inpatient setting must be under droplet and contact isolation (see Infection Control Policy B-14.21).

REFERENCES

1. Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Available at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
2. Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). Available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
3. Texas Department of State Health Services. Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19). Available at <https://www.dshs.state.tx.us/coronavirus/healthprof.aspx>

Attachment A



What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



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What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19

Attachment B

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH CLEAN HANDS



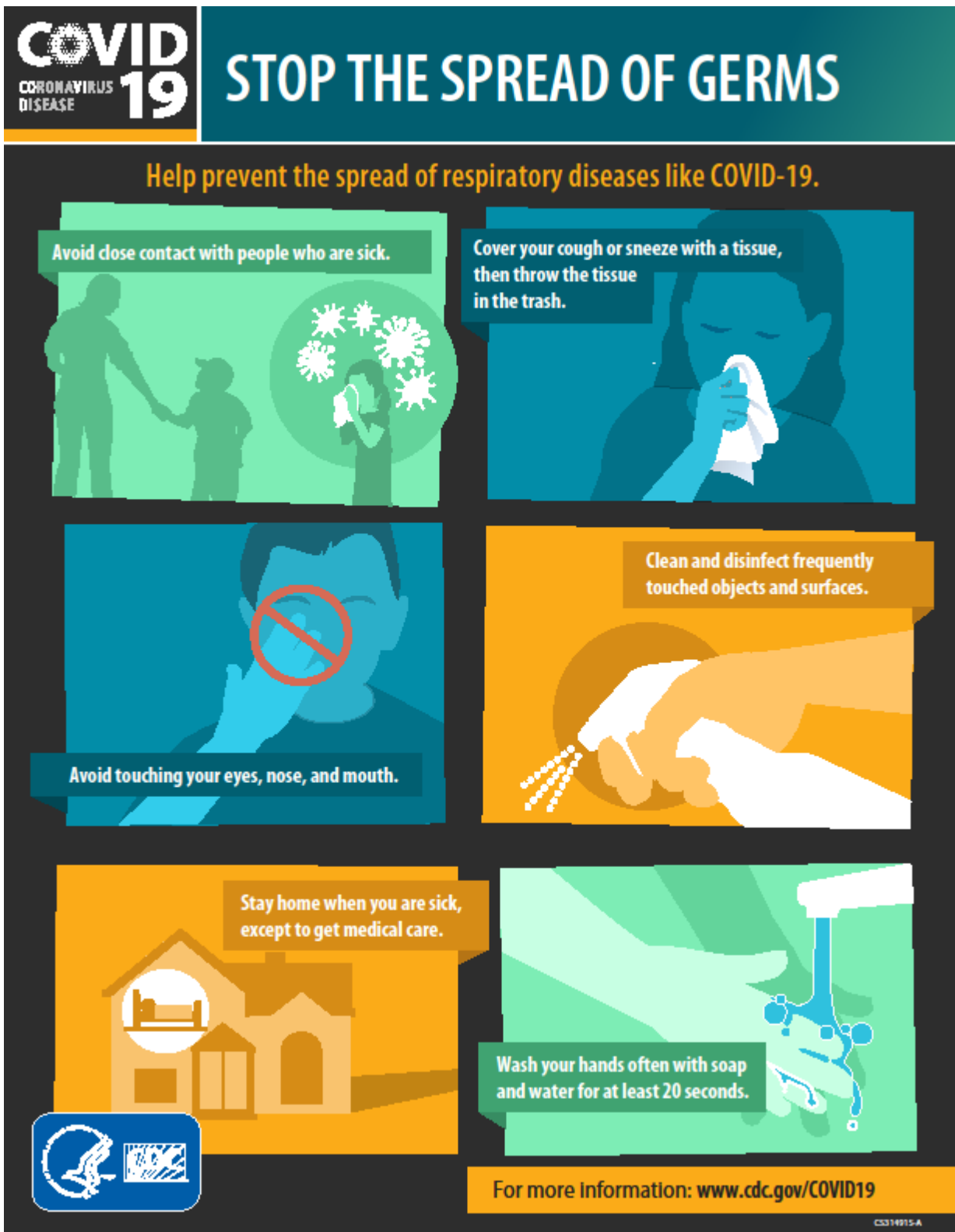
www.cdc.gov/handwashing



This material was developed by CDC. The Life Is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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Attachment C



Attachment D

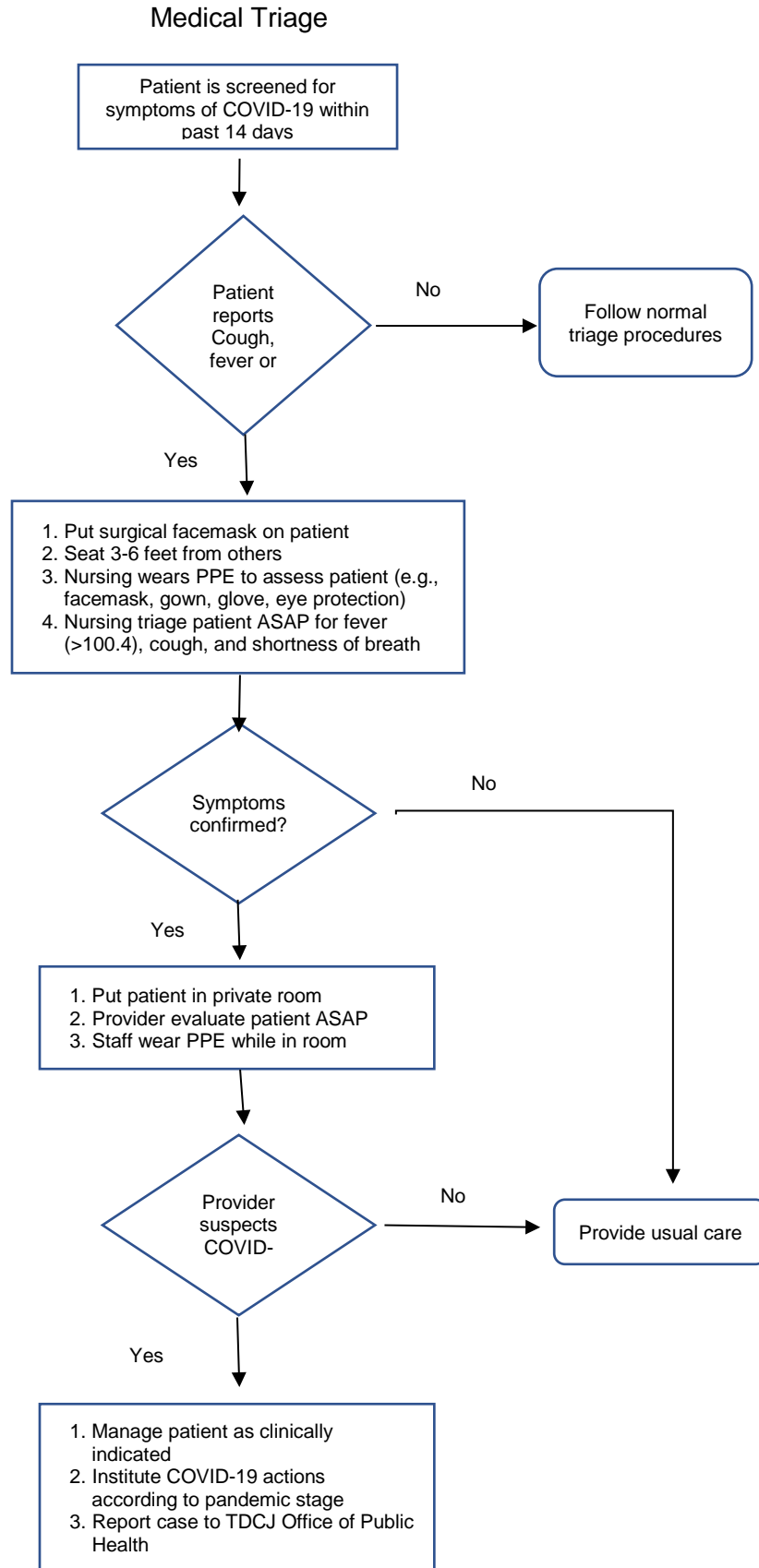
Employees and Visitors

WARNING

We are currently having cases of COVID-19 on this facility. This virus can cause severe disease in older adults 65 years and older and people with medical issues such as heart disease, diabetes, high blood pressure, cancer or weakened immune systems. If you are a member of one of these high-risk groups, you may not want to enter the unit at this time. If you do choose to enter the unit, you should observe the following precautions:

- Try to stay 6 feet away from other people as much as possible.
- Avoid shaking hands, hugging or touching surfaces that get a lot of hand contact.
- Wash your hands often
- Avoid touching your eyes, nose or mouth without washing your hands before and afterward.

Attachment E



Attachment F

**CORRECTIONAL MANAGED CARE
COVID-19 Health Screening Intake Form**

Date: _____

Patient Name: _____

DOB: _____

Facility: _____

1. Temperature: Above 100.4F? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Cough? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
3. Shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
4. Had contact with anyone with fever, cough or shortness of breath in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any question, place a surgical mask on the patient and separate from the rest of the intake group for additional screening and orders.

Nurse's Signature _____

Date _____

Attachment G

Texas Department of Criminal Justice

COVID-19 Health Screening Form

Before any individual enters a TDCJ location, they will have their temperature taken and if a fever is present, the screening form must be completed. This health screening form is an important first step to assist staff in maintaining the safety and health of TDCJ employees and offenders.

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
Traveled internationally in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?
*Had contact with anyone who tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?

Does the individual have:

	Result
Fever above 100.4F?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, temperature?
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Also, notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services.*

Staff completing COVID-19 Health Screening Form:

Name: _____ Date: _____

CONTACT INFORMATION:

Melissa Kimbrough, Emergency Management Coordinator
 936-437-6038 (Office)
 936-581-9848 (State Cell)
 melissa.kimbrough@tdcj.texas.gov

Chris Black-Edwards, Deputy Director Health Services
 936-437-4001 (Office)
 chris.black-edwards@tdcj.texas.gov

COVID-19 Testing for Units

Note: Requires pre-authorization from the TDCJ Office of Public Health prior to placing the order.

1. Units Designated for Testing by Galveston Laboratory:

The test is available in the EMR under **CORONAVIRUS COVID-19 TESTING (COVID19)**. The viral culture collection kit is available from the CMC Medical Warehouse (stock # 495-38-15427-6).

Test name and code:	COVID-19 (Test code: 8000101424) Note: Order as “ Miscellaneous ” and add comment: “ COVID-19 ARUP ” The interface for the test will be available within 1 week to facilitate direct orders.
Collect:	Nasopharyngeal swab. Place in one collection tube (redtop viral transport tube).
Specimen Preparation:	Place in viral transport media (ARUP Supply #12884). Available through Ms. Judy Mitchell at (409) 772-9247 . Place each specimen in an individually sealed bag. Also, acceptable: Media that is equivalent to viral transport media or universal transport media.
Storage/Transport Temperature:	Acceptable Conditions: Frozen
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

2. Units Designated for Testing by Quest Diagnostics:

Staff must manually order the test. Each unit should have the paper ordering forms. The test should be ordered on its own dedicated requisition and not combined with any other test. National test code is 39433. It is not a STAT test and a STAT pick-up cannot be ordered. Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

Test name and code:	SARS-CoV-2 RNA, RT PCR
Collect:	Preferred Specimen(s): One (1) nasopharyngeal swab collected in a multi microbe media (M4), V-C-M medium (green-cap) tube or equivalent (UTM). Also acceptable: 0.85 mL bronchial lavage/wash, nasopharyngeal aspirate/wash, sputum/tracheal aspirate sample in a plastic sterile leak-proof container
Specimen Preparation:	Place in multi microbe media (M4), V-C-M medium (green-cap) tube, or equivalent (UTM).

	It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources. Also, acceptable: Plastic sterile leak-proof container.
Storage/Transport Temperature:	Transport refrigerated (cold packs) to local Quest Diagnostics accessioning laboratory.
Unacceptable Conditions:	Specimens not in viral transport media. Calcium alginate swab • Cotton swabs with wooden shaft • Received refrigerated more than 72 hours after collection • ESwab • Swabs in Amies liquid or gel transpo
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources.
Stability:	Ambient: Unacceptable; Refrigerated for up to 72 hours or Frozen at -70°C

3. Texas Tech Units Designated for Testing by LabCorp

The test is available in the EMR under “2019 Novel Coronavirus (CoVID-19), NAA”. Contact your Facility Health Administrator if you are in need of additional culture collection kits.

Test Name and Code:	COVID-19 – Test Code 139900
Collect:	Nasopharyngeal or Oropharyngeal swab, placed and transported in Universal Transport Medium (UTM).
Specimen Preparation:	Universal Transport Medium (UTM) with included swabs, specimen label and biohazard bag are needed. Follow instructions published by LabCorp regarding OP and NP specimen collection for COVID-19 testing.
Storage/Transport Temperature:	Samples/specimens should be shipped frozen due to limited stability at 2°-8° C. Refrigerated swabs submitted within 72 hours will be accepted.
Unacceptable Conditions:	Swabs with calcium alginate or cotton tips; swabs with wooden shafts; refrigerated samples greater than 72 hours old; room temperature specimen submitted; improperly labeled; grossly contaminated; broken or leaking transport device; collection with substances inhibitory to PCR including heparin, hemoglobin, ethanol, EDTA concentrations >0.01M.
Remarks:	Submit separate frozen specimens for each test requested. Submit COVID-19 test on one requisition with test code 139900.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours
Turnaround Time:	Current turnaround time for COVID-19 testing is estimated between 3-4 days and may be impacted by high demand.

4. Montford Testing

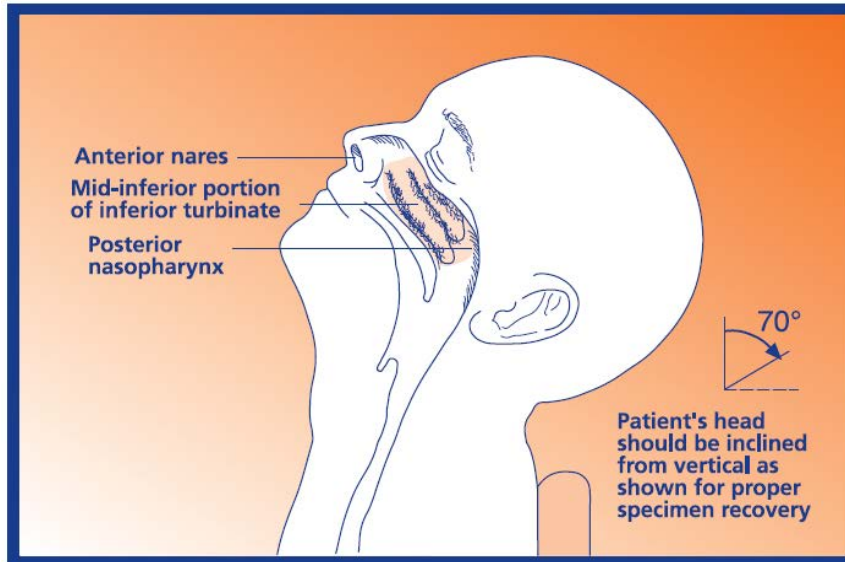
******Contact Lisa Wilson, Carrie Culpepper, or Mike Parmer******

Fill out health screening form and await approval from TDCJ Office of Public Health to proceed. This test will be sent to UMC as a reference test. **CORONAVIRUS COVID-19 TESTING (COVID19)**

Test name and code:	SARS-CoV-2 (Test code: 39433) aka COVID-19 **Order on UMC paper requisitions**
Collect:	Nasopharyngeal swab (Use Xpert® Nasopharyngeal Sample Collection Kit---in lab). Ensure swab is broken off and left in liquid media.
Specimen Preparation:	<ul style="list-style-type: none"> • Refer to Nasopharyngeal Collection Below • Ensure swab is broken off and left in liquid media. • Place each specimen in an individually sealed bag.
Storage/Transport Temperature:	Acceptable Conditions: Refrigerated (2-8° C)
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable ; Refrigerated: 3 days
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. **Stat Delivery**

5. Nasopharyngeal swab method

- Insert swab into one nostril
- Rotate swab over surface of posterior nasopharynx
- Withdraw swab from collection site; insert into transport tube
- Repeating procedure for the second nostril will deliver optimal combined sample
- After collection, wipe own outside of tube with a disinfectant wipe and doff gloves
- Perform hand hygiene and don new gloves
- Place in a biohazard bag and close
- It is not a STAT test and STAT pickup should not be ordered
- Transport specimen to the laboratory for testing. If transport will be delayed, place specimen in the refrigerator.



Attachment I

COVID-19 LOG

Unit Name: _____

Report for new-onset (not cumulative) patients with COVID-19 for 24-hour period beginning 6AM ____/____/____ to 6AM ____/____/____

Date* sent: ____/____/____

Number of offenders with ILI in 24-hour period: _____

Number of staff with ILI in 24-hour period: _____

Fax: 936-437-3572

Email: Public.Health@tdcj.state.tx.us

Demographics						Symptoms			Lab Specimen Information		
List of Offenders for Whom Lab Specimens were Submitted (Last, First)	TDCJ #	Housing Location (e.g., dorm, cell block)**	Bed Location**	Work Assignment**	Onset Date	Temperature > 100.5 (Y/N)	Cough (Y/N)	Shortness of Breath (Y/N)	Name of Laboratory to which the Specimen was Submitted (e.g., UTMB, Quest)	Collection Date	Result

* On Monday morning, send 3 logs (one for each 24-hour period ending at 6AM)

** At symptom onset